

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029495

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 2097

STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richmond Heights

Length of stay in 1b

6 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

7324 Goff Avenue

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR
TOWN

Richmond Heights

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

7324 Goff Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Erwin

Middle

J.

Last

Knipp

4. DATE

OF
DEATH

Month

Day

Year

7

13

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-23-97

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Bakery

11. BIRTHPLACE (City and state or country)

Mascoutah, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jacob Knipp

13b. MOTHER'S MAIDEN NAME

Elizabeth Rosmark

14. NAME OF HUSBAND OR WIFE

Hilda Knipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Mrs. Hilda Knipp, 7324 Goff Ave. (17)

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary Occlusion

Coronary arteries disease

Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

instant

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 3, 1961, to July 1962 and last saw him alive on July 13 - 1962

Death occurred at 11:45 a.m. 11:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John M. Fararo M.D.

22b. ADDRESS

4401 Hampton

22c. DATE SIGNED

7-17-62

22b. BURIAL, CREMATION, REMOVAL (Specify)

Removal - Motor 7/18/62

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Mascoutah City Cemetery

23d. LOCATION (City, town, or county)

Mascoutah, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Calvin F. Feutz 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

7-17-62

26. REGISTRAR'S SIGNATURE

John M. Fararo M.D.

Dr. John Parato
4401 Hampton Ave.
Vo 2-4511

Hours

Fri No.... 6-9 PM
Sat 8:30 - 11:30
Mon 6-9 PM
Tues 8:30-11:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert E. Mahlerman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.